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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	SHELEMAY, Avi
Title	Implant For Use in Aesthetic Regions of The
Art Unit	Mouth With Coloured Contoured Edge Portion
Examiner Name	
Attorney Docket Number	P84103

I hereby appoint:

022839

 Practitioners associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

--

OR

 Firm or Individual Name

Riches, McKenzie &amp; Herbert LLP

 Address

2 Bloor Street East

 Address

Suite 1800

 City

Toronto

State

Ontario

Zip

M4W 3J5

 Country

CANADA

 Telephone

416-961-5000

Fax

416-961-5081

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Avi SHELEMAY
------	--------------

Signature	
-----------	--

Date	Telephone
------	-----------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input type="checkbox"/>
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\*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Title	Implant For Use in Aesthetic Regions of The
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 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

<input type="checkbox"/>	Riches, McKenzie & Herbert LLP				
Address	2 Bloor Street East				
Address	Suite 1800				
City	Toronto				
Country	CANADA				
Telephone	416-961-5000	Fax	416-961-5081		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Mike KEHOE	
Signature		
Date		Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Applicant or Patentee: SHELEMAY, Avi et al.  
Serial or Patent No.: \_\_\_\_\_ Atty. Dkt. No.: P84103  
Filed or Issued:  
For: Implant for Use in Aesthetic Regions of the Mouth With Coloured Contoured Edge Portion

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(b)) - SMALL BUSINESS CONCERN**

I hereby declare that I am:

the owner of the small business concern identified below:  
 an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN INNOVA CORP.  
ADDRESS OF CONCERN 525 University Ave., Suite 777, Toronto, Ontario, M5G 2L3

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled "Implant for Use in Aesthetic Regions of the Mouth With Coloured Contoured Edge Portion" by inventors "Avi SHELEMAY and Mike KEHOE" described in

the specification filed herewith  
 application serial no. PCT/CA02/01055, filed July 10, 2002  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(d). \*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
 INDIVIDUAL  SMALL BUSINESS CONCERN  NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Mike Kehoe  
TITLE OF PERSON OTHER THAN OWNER President  
ADDRESS OF PERSON SIGNING 525 University Ave., Suite 777, Toronto, Ontario, M5G 2L3

SIGNATURE \_\_\_\_\_ DATE 2003

Applicant or Patentee: SHELEMAY, Avi et al.  
Serial or Patent No.: \_\_\_\_\_ Atty. Dkt. No P84103  
Filed or Issued: Concurrently herewith  
For: Implant for Use in Aesthetic Regions of the Mouth With Coloured Contoured Edge Portion

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for the purposes of paying reduced fees under section 41(a) and(b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled "Implant for Use in Aesthetic Regions of the Mouth With Coloured Contoured Edge Portion " described in

the specification filed herewith  
 application serial no PCT/CA02/01055, filed July 10, 2002  
 patent no. \_\_\_\_\_, issued \_\_\_\_\_

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concerned or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

no such person, concern or organization  
 persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME Innova Corp  
ADDRESS 525 University Ave., Suite 777, Toronto, Ontario, M5G 2L3  
 INDIVIDUAL  SMALL BUSINESS CONCERN  NON-PROFIT ORGANIZATION

FULL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
 INDIVIDUAL  SMALL BUSINESS CONCERN  NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR  
KEHOE, Mike  
Signature of Inventor \_\_\_\_\_  
Date 2003

NAME OF INVENTOR  
SHELEMAY, Avi  
Signature of Inventor \_\_\_\_\_  
Date 2003

NAME OF INVENTOR  
Signature of Inventor \_\_\_\_\_  
Date \_\_\_\_\_

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      **OR**       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P84103
First Named Inventor	SHELEMAY, Avi
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPLANT FOR USE IN AESTHETIC REGIONS OF THE MOUTH WITH COLOURED CONTOURED EDGE PORTION

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
2,353,051	CANADA	07/12/2001	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: 022839  OR  Correspondence address below

Name **Riches, McKenzie & Herbert LLP**

Address **2 Bloor Street East, Suite 1800**

City **Toronto** State **Ontario** ZIP **M4W 3J5**

Country **CANADA** Telephone **416-961-5000** Fax **416-961-5081**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <b>Avi</b>	Family Name or Surname <b>SHELEMAY</b>
--	---

Inventor's Signature	Date
-------------------------	------

Residence: City <b>Toronto</b>	State <b>Ontario</b>	Country <b>CANADA</b>	Citizenship <b>CANADIAN</b>
--------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address **c/o Faculty of Dentistry, University of Toronto, 21 King's College Circle**

City <b>Toronto</b>	State <b>Ontario</b>	ZIP <b>M5S 3J3</b>	Country <b>CANADA</b>
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**NAME OF SECOND INVENTOR:**  A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) <b>Mike</b>	Family Name or Surname <b>KEHOE</b>
---	--

Inventor's Signature	Date
-------------------------	------

Residence: City <b>Mississauga</b>	State <b>Ontario</b>	Country <b>CANADA</b>	Citizenship <b>CANADIAN</b>
------------------------------------	----------------------	-----------------------	-----------------------------

Mailing Address **525 University Avenue, Suite 777**

City <b>Toronto</b>	State <b>Ontario</b>	ZIP <b>M5G 2L3</b>	Country <b>CANADA</b>
---------------------	----------------------	--------------------	-----------------------

Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.